

Locality/FIPS _____ Case # _____ ADAPT # _____ Date Application Received _____ Worker # _____

FUEL ASSISTANCE APPLICATION**PLEASE ANSWER ALL QUESTIONS COMPLETELY***Applications are accepted the 2nd Tuesday in October through the 2nd Friday in November*

In what city or county do you live? _____

Name _____ SEX: __M__F Are you Hispanic or Latino? __YES__NO

Last

First

Middle Initial

Race (Circle One) 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander 0. Other

Residence Address _____ City/State _____ Zip _____ Day Phone: _____

Mailing Address _____ City/State _____ Zip _____ Home Phone: _____

Directions to home _____ Email Address _____

1. CHECK either YES or NO to answer each of the following questions.

A. I received Fuel, Crisis or Cooling Assistance in the past 12 months. __YES__NO

B. I pay to heat my home. __YES__NO

C. Oil, kerosene, gas, coal, or wood is delivered to my home. __YES__NO

2. CIRCLE the letter that best describes your present living situation. Read each one before you choose. **CIRCLE ONLY ONE.**

A. I own or am buying my home and pay all heating bills.

G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my heating bills.

B. I own or rent my home and do not pay a heating bill.

I. I live in one room in someone else's house.

C. I pay \$_____ rent and also pay for heat separately.

L. I live in an institution, group home, treatment center or home for adults.

E. I pay \$_____ rent & my heat is included in the rent payment.

P. I live rent-free in more than one room, house or apartment and pay for heat.

F. I live in subsidized housing, Section 8, HUD and occasionally pay excess usage charges.

Q. I live in an emergency shelter.

3. Are all of the people in your household United States citizens? __YES__NO If NO, who is not a citizen? _____

4. Is anyone in your household disabled? __YES__NO If YES, who is disabled? _____

5. How many people live in your household? _____

In the table below, please list yourself first then list every person living in the home. Complete all of the information (including Social Security Number) for every person in the home.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		GROSS MONTHLY INCOME AMOUNT	INCOME PAID weekly, biweekly, monthly	LIST ALL SOURCES OF INCOME Earned Income (List the Name of Employer/Company); Self-employment; Social Security; SSI; Veterans Benefit; Child Support; etc.
				Yes (Y)	No (N)			
	Self							

6. CIRCLE ALL types of household income: A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief
 H. Veterans Benefits N. Worker's Compensation Q. Support or Alimony U. Rental Income W. Retirement Other: specify_____
7. Do you receive payments from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support? _____
8. Does any household member receive SNAP benefits (formerly Food Stamps)? ___YES ___NO If yes, case name_____
9. Does anyone pay for Medicare Part B___ or D ___ insurance? ___YES ___NO If yes, who? _____ How much? \$_____
10. Does any household member receive Medicaid? ___YES ___NO If yes, case name_____
11. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? _____ Patient pay amount is \$_____
12. CIRCLE the type of equipment you use as the main heat source for your home. **CIRCLE ONLY ONE.**
 A. Furnace B. Radiator C. Portable Heater D. Vented Space Heater (heater with outside exhaust or Monitor system)
 E. Baseboard F. Heat Pump G. Fireplace H. Coal or Wood Stove J. Cook stove K. None L. Unknown
13. CIRCLE the type of fuel you use to heat your home. **CIRCLE ONLY ONE.**
 1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 0. Red Kerosene 5. Coal 6. Wood 7. Liquid Propane (LP)/Bottled Gas
- What size is your fuel tank? _____ gallons
14. Name and address of the company used for home heating. _____
 If you heat with electricity or natural gas, attach a copy of your current electric or gas bill. A Fuel Assistance payment can only be made if you owe a balance on your electric or natural gas bill. Complete the following:
 Account Name_____ Account Number_____
- Who is responsible for paying the bill? _____
- Is the payment made by an automatic debit/credit payment or monthly bank draft? ___YES ___NO

FUEL ASSISTANCE APPLICATION DATES: Applications are accepted from the second Tuesday in October through the second Friday in November.

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted written permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by State and Federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. If your application is approved your Approval Notice will be mailed in late December.

Applicant Signature or Mark and Witness_____ Date_____

Completed on behalf of applicant by:_____ Date_____